

(REFERENCE COPY - Not for submission)

Noncommercial Broadcast Stations Biennial Ownership Report (FCC Form 323-E)

File Number: **0000165261** Submit Date: **2021-10-29** FRN: **0001526086**

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 10/29/2021

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name	
0001526086	San Bernardino Community College District	

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
550 E. Hospitality Lane	San Bernardino	CA	92410	+1 (909) 384- 4336	apapa@kvcr. org

2. Contact Representative

Name	Organization
Michael R. Bennet, Esq.	Womble Bond Dickinson (US) LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2001 K Street, NW, Suite 400 South	Washington	DC	20006	+1 (202) 857- 4442	michael.bennet@wbd-us. com

3. Application Filing Fee

Not Applicable

4. Control of Respondent

(a) Provide the following information about the Respondent:			
Relationship to stations/permits Licensee			
Is the Respondent's governing boindirectly under the control of ano	ard (or other governing entity) directly or ther entity?	No	

(b) Provide the following information about this report:			
Purpose	Biennial		
"As of" date	10/01/2021		
	When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is filed.		

5. Licensee(s) and Station(s)

Respondent is filing this report to cover the following Licensee(s) and station(s):

Licensee/Permittee Name	FRN
San Bernardino Community College District	0001526086

Fac. ID No.	Call Sign	City	State	Service
58794	KVCR	SAN BERNARDINO	CA	FM
58795	KVCR-DT	SAN BERNARDINO	CA	DTV
130845	KJHP-LD	MORONGO VALLEY	CA	LPD

Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 Documents

Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this report. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee Respondents should select "Not Applicable" in response to this question.

Document Information			
Description of contract or instrument	PBS Member Station Member Certification and Agreement		
Parties to contract or instrument	Public Broadcasting Service		
Date of execution	07/2021		
Date of expiration	06/2022		
Agreement type (check all that apply)	Network Affiliation Agreement		

Document Information		
Description of contract or instrument	PBS Uplink Services Agreement	
Parties to contract or instrument	Public Broadcasting Service	
Date of execution	07/2021	
Date of expiration	06/2022	
Agreement type (check all that apply)	Network Affiliation Agreement	

2. Ownership Interests

(a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, members of the governing board (or other governing entity), stockholders, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A "direct" interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) for which the report is being submitted.

Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

Ownership Information	Ownership Information				
FRN	0001526086	0001526086			
Entity Name	San Bernardino Community C	ollege District			
Address	РО Вох				
	Street 1	550 E. Hospitality Lane			
	Street 2				
	City	San Bernardino			
	State ("NA" if non-U.S. address)	CA			
	Zip/Postal Code	92410			
	Country (if non-U.S. address)	United States			
Listing Type	Respondent	Respondent			
Positional Interests (check all that apply)	Respondent				
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity				
Interest Percentages	Voting	0.0%			
(enter percentage values from 0.0 to 100.0) Equity 0.0%		0.0%			
	Total assets (Equity Debt Plus)	0.0%			
Does interest holder have a that do not appear on this i	an attributable interest in one or report?	r more broadcast stations No			

Ownership Information				
FRN	9990130817	9990130817		
Name	Joseph Williams	Joseph Williams		
Address	PO Box			
	Street 1	550 E. Hospitality Lane		
	Street 2	Suite 200		
	City	San Bernardino		
	State ("NA" if non-U.S. address)	CA		
	Zip/Postal Code	92408		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			

Positional Interests (check all that apply)	Other - Trustee; Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Public Affairs Manager Southern California Edison	
By Whom Appointed or Elected	Elected by voters in the District	
Citizenship, Gender, Ethnicity, and Race Information (Natural	Citizenship	US
	Gender	Male
Persons Only)	Ethnicity	Not Hispanic or Latino
	Race	Black or African American
Interest Percentages	Voting	16.7%
(enter percentage values from 0.0 to 100.0)	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?		

Ownership Information			
FRN	9990130840		
Name	Gloria Macias Harrison		
Address	PO Box		
	Street 1	550 E. Hospitality Lane	
	Street 2	Suite 200	
	City	San Bernardino	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	92408	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Clerk of the Board of Trustees; Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Founder of El Chicano Newspaper		
By Whom Appointed or Elected	Elected by voters in the District		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Hispanic or Latino	
	Race	White	
Interest Percentages	Voting 16.7%		
(enter percentage values			

from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information			
FRN	9990130844		
Name	Anne L. Viricel	Anne L. Viricel	
Address	PO Box		
	Street 1	550 E. Hospitality Lane	
	Street 2	Suite 200	
	City	San Bernardino	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	92408	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Chair of the Board of Trustees; Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Executive Director San Bernardino Symphony		
By Whom Appointed or Elected	Elected by voters in the Distric	Elected by voters in the District	
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	16.7%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a	an attributable interest in one or report?	more broadcast stations No	

Ownership Information		
FRN	9990130847	
Name	John Longville	
Address	PO Box	
	Street 1	550 E. Hospitality Lane

	Street 2	Suite 200	
	City	San Bernardino	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	92408	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Trustee; Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Retired Educator		
By Whom Appointed or Elected	Elected by voters in the District		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	16.7%	
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a that do not appear on this i	an attributable interest in one or eport?	more broadcast stations No	

Ownership Information			
FRN	9990130848		
Name	Frank Reyes		
Address	PO Box		
	Street 1	550 E. Hospitality Lane	
	Street 2	Suite 200	
	City	San Bernardino	
	State ("NA" if non-U.S. address)	СА	
	Zip/Postal Code 92408		
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Trustee; Member of Governing Board (or other governing entity)		

Principal Profession or Occupation	Student advisor SBVC, CSUSB. Vice Chancellor or Governmental Affairs at SBCCD	
By Whom Appointed or Elected	Elected by voters in the District	
Citizenship, Gender,	Citizenship	US
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male
	Ethnicity	Hispanic or Latino
	Race	White
Interest Percentages	Voting	16.7%
(enter percentage values from 0.0 to 100.0)	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?		

Ownership Information			
FRN	9990141525		
Name	Stephanie Houston	Stephanie Houston	
Address	PO Box		
	Street 1	550 E. Hospitality Lane	
	Street 2	Suite 200	
	City	San Bernardino	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	92408	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Vice Chair of the board of Trustees; Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Superintendent for Colton Redlands Yucaipa Occupational program		
By Whom Appointed or Elected	Elected by voters in the District		
Citizenship, Gender,	Citizenship	us	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	16.7%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	

	Total assets (Equity Debt Plus)		
Does interest holder have a that do not appear on this re	n attributable interest in one or eport?	more broadcast stations	No

Ownership Information			
FRN	9990144158		
Name	Lauren Ashlock		
Address	РО Вох		
	Street 1	550 E. Hospitality Lane	
	Street 2	Suite 200	
	City	San Bernardino	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	92408	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Student Trustee (CHC)Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Student		
By Whom Appointed or Elected	Student election		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	0.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a	nn attributable interest in one o	r more broadcast stations	No

Ownership Information		
FRN	9990144159	
Name	Elena Sanchez	
Address	PO Box	
	Street 1	550 E. Hospitality Lane
	Street 2	Suite 200

	City	San Bernardino	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	92408	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Student Trustee (SBVC)Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Student		
By Whom Appointed or Elected	Student election		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	us	
	Gender	Female	
	Ethnicity	Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	0.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			
• • •	nat any interests, including equi his filing are non-attributable. an explanation.	ty, financial, or voting	Yes

(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	No
If "Yes," complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.	

3. Organizational Chart (Licensees Only)

Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all entities that have attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a flowchart or similar document. Licensees without parent entities should so indicate in a textual Exhibit.

Non-Licensee Respondents should select "N/A" in response to this question.

Licensee has no parent or subsidiary entities

Section III - Certification

			_
Certification	Section	Question	Response

Authorized Party to Sign	WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND /OR REVOCATION OF ANY STATION LICENSEOR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	
Certification	I certify that I have examined this report and that to the best of my knowledge and belief, all statements in this report are true, correct and complete.	Official Title: Executive Vice Chancellor Exact Legal Title or Name of Respondent: San Bernardino Community College District Name: Jose Torres Phone: 9093886909